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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) MARTHA ROBY									
	(b) Address (number and street) 3260 BANKHEAD AVE	☐ Check if address changed			Candidate's FEC Identification Number H0AL02087					
	(c) City, State, and ZIP Code				3. Is This N	lew		Amended		
	MONTGOMERY	AL 36106-2448			Statement X (N	N) OR		(A)		
4.	Party Affiliation REPUBLICAN PARTY	5. Office Soug House	ht		6. State & Distr	rict of Candidate 02			_	
	REPUBLICAN PARTY	House			AL	02				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) MARTHA ROBY FOR CONGRESS										
	(b) Address (number and street) PO BOX 195									
	(c) City, State, and ZIP Code									
	MONTGOMERY				AL	36101				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my										
candidacy. NOTE: This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full)										
	RISE PROJECT									
	(b) Address (number and street) PO Box 2485									
	(c) City, State, and ZIP Code									
	Springfield				VA	22152				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
	Signature of Candidate					Date				
M	artha Roby			[Elec	tronically Filed]	03/26/2015				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
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FEC FORM 2 (REV. 02/2009)